

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-06	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

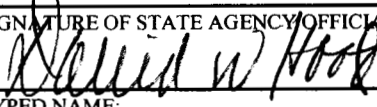
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$1,819.81 b. FFY <u>2004</u> \$2,505.25
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Item 5, Page 2a Attachment 4.19-B, Item 5, Page 2b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 03-05-Proposed) Same (TN 03-05-Proposed)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to increase reimbursement for selected surgery services provided by primary servicing physicians for recipients aged 0 to 10 years.**

11. GOVERNOR'S REVIEW (Check One):

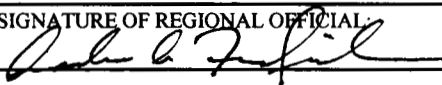
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: March 18, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 24 MARCH 2003	18. DATE APPROVED: 20 JUNE 2003
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JANUARY 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B.
Item 5, Page 2.a.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective January 1, 2003, Physicians' Current Procedural Terminology (CPT) orthopedic procedure codes (20000-29898) shall be reimbursed at 80% of the Medicare Region 99 allowable for 2002, except for those procedure codes on file that are in non-pay status.

Effective January 1, 2003, selected physicians' Current Procedural Terminology (CPT) procedures for cardiology, maternal fetal medicine, and other physician services shall be reimbursed at 84% of the Medicare Region 99 allowable for 2002. These selected procedures are:

Transfusion, intrauterine, fetal
Amniocentesis: diagnostic
Chronic villus sampling, any method
Echocardiography, fetal, cardiovascular system, real time
Doppler echocardiography, fetal,...; follow-up or repeat study
Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies.
Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
Subsequent hospital care, per day (low complexity)
Subsequent hospital care, per day (moderate complexity)

Effective January 1, 2003, Physicians' Current Procedural Terminology (CPT) surgical procedure codes (10021-69990) for Medicaid recipients birth through 10 years of age shall be reimbursed at 100 percent of the Medicare Region 99 allowable for 2002, except for procedure codes on file that are in non-pay status and procedure codes for newborn circumcisions (54150) and (54160).

SUPERSEDES: TN- 03-05

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-24-03</u>	
DATE APPV'D <u>6-20-03</u>	
DATE EFF <u>1-1-03</u>	
HCFA 179 <u>LA 03-06</u>	

TN# 03-06 Approval Date 5-20-03 Effective Date 1-1-03
Supersedes
TN# 03-05